

510.2 HOSPITAL BASED PRESUMPTIVE ELIGIBILITY (HBPE)

TABLE OF CONTENTS

SECTION	PAGE NUMBER
Background	2
Policy	2
510.2.1 HBPE Qualified Hospitals	2
510.2.2 HBPE Employee Requirements	3
510.2.3 HBPE Determination Groups and Eligibility	3
510.2.4 HBPE Determination Process	3
510.2.5 HBPE Period.....	4
510.2.6 Completing Full Medicaid Application	4
510.2.7 Performance Measures	5
510.2.8 Corrective Action Plan	6
Glossary	6
Change Log.....	6

510.2 HOSPITAL BASED PRESUMPTIVE ELIGIBILITY (HBPE)

POLICY METADATA

Policy ID = 510.2
Policy Author = Professional Services
Policy Status = Pending
Creation Date = 4/1/2013

Initial Approval Date = 4/1/2013
Initial Effective Date = 4/1/2013
Last Revised Date = 4/29/2015
Revision Approval Date = TBD
Next Review Date = TBD

BACKGROUND

Hospital Based Presumptive Eligibility was designed to identify and provide coverage for individuals who are likely eligible for Medicaid but are not enrolled. The Affordable Care Act gave hospitals the option to determine presumptive eligibility (PE) for certain Medicaid coverage groups. This is not an additional eligibility category; it is a method of determining temporary eligibility. A qualified hospital may elect to make presumptive eligibility determinations for populations whose eligibility is determined using the Modified Adjusted Gross Income (MAGI) methodology described in Chapter 10, Section 8 of the [West Virginia Income Maintenance Manual](#).

POLICY

510.2.1 HBPE QUALIFIED HOSPITALS

In order to make presumptive eligibility determinations a hospital must:

- Be enrolled in WV Medicaid as a provider;
- Elect to participate in the HBPE program by:
 - Submitting a HBPE application attesting to its qualifications to participate in the HBPE program;
 - Submitting an Administrative User Agreement;
 - Submitting a Data Release Agreement;
 - Submitting a HIPAA (Health Insurance Portability and Accountability Act) Business Associates Agreement;
 - Agreeing to all the terms and conditions related to the use of the presumptive eligibility determination portion of the on-line system WV [inROADS](#);
- Appoint/assign a hospital employee to serve as the presumptive eligibility administrator/point of contact;
- Assist applicants with the completion of the full Medicaid application;
- Follow state and federal privacy and security requirements;
- Follow state requirements for data submission; and
- Meet state-specified performance standards as described in this Chapter.

Hospitals electing to use third party vendors and/or WV Department of Health and Human Resources (WV DHHR) workers to make presumptive eligibility determinations must sign an addendum to their HBPE application.

510.2 HOSPITAL BASED PRESUMPTIVE ELIGIBILITY (HBPE)

510.2.2 HBPE EMPLOYEE REQUIREMENTS

Hospitals may implement presumptive eligibility with the support of third party contractors and DHHR workers as well as their own employees as long as the hospital assumes full responsibility for the presumptive eligibility determinations that result.

In this Chapter, the term Authorized Hospital Employee (AHE) includes all individuals making determinations on behalf of a hospital that have completed training and are authorized to make presumptive eligibility determinations.

Before a hospital employee, DHHR worker or other third party contractor can be authorized to perform presumptive eligibility determinations he or she must satisfactorily complete the training course provided by BMS and the Bureau for Children and Families (BCF).

For all hospital employees, DHHR workers and other third party contractors, the following conditions must be met:

- A certificate of course completion must be kept in the worker's file at the hospital and must be made available to BMS or BCF within five (5) days of request. A file must be kept on third party vendors and DHHR workers who are assigned to do presumptive eligibility determinations.
- Access to WV inROADS may not be granted by the Presumptive Eligibility Administrator/Point of Contact until all training is completed and a certificate is presented by the employee, DHHR worker, or third party contractor.
- All authorized presumptive eligibility employees must complete and submit a User Agreement with WV inROADS prior to conducting presumptive eligibility determinations.
- When an AHE leaves the employment of the hospital, their contract ends or is no longer assigned to determine presumptive eligibility on behalf of the hospital, the Presumptive Eligibility Administrator/Point of Contact must immediately remove his/her access to the WV inROADS system.

510.2.3 HBPE DETERMINATION GROUPS AND ELIGIBILITY

In order to be determined presumptively eligible for Medicaid, individuals must fall into one of the new MAGI groups:

- Children
- Pregnant women
- Adults between the ages of 19 and 64
- Former WV foster children up to age 26
- Women who may gain eligibility through the breast and cervical cancer screening program according to state and federal requirements

510.2.4 HBPE DETERMINATION PROCESS

Presumptive eligibility will be assessed using the rules outlined in the state's Income Maintenance Manual. Authorized hospital employees will gather data from the individual using the presumptive eligibility determination portion of the on-line system WV inROADS. The employee may obtain

510.2 HOSPITAL BASED PRESUMPTIVE ELIGIBILITY (HBPE)

information relating to the individual such as name, address, phone number, and social security number from other hospital personnel such as registrars; however this information must be confirmed by the individual or another person with reasonable knowledge of the individual's needs status. The individual or another person with reasonable knowledge of the individual's status seeking HBPE must attest to the information provided on the application. Authorized hospital employees may not request any documentation or require verification of information provided.

Applicants are allowed only one HBPE determination per 12 month period or, if pregnant, per pregnancy. In the absence of an automated system that can verify the applicant's past use of presumptive eligibility, the hospital will rely on self-attestation.

The authorized hospital employee must make the final determination of whether or not the individual may be eligible for Medicaid. This decision may be made using a combination of the results of the on-line system WV inROADS, past experience with the individual or any hospital policies in place in determining presumptive eligibility. Once a final decision is made by the authorized worker he/she will provide the patient with either a temporary Medicaid card or a document stating why he/she was not determined presumptively eligible.

The HBPE determination is not subject to the WV DHHR's fair hearing process.

510.2.5 HBPE PERIOD

The presumptive eligibility period begins on the date the HBPE determination is made. The end date of the presumptive period is the earlier of:

- The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the calendar month following the calendar month in which the determination of presumptive eligibility is made [for example, if HBPE is determined June 15th, and regular Medicaid eligibility is determined August 3 based on a Medicaid application that was filed by July 30, then HBPE would end August 3]; or
- The last day of the calendar month following the calendar month in which the determination of presumptive eligibility is made if no application for Medicaid is filed by that date [for example, if HBPE is determined June 15th eligibility would expire July 31 if no application was filed].
- If a patient is determined presumptively eligible on June 15, applies for Medicaid and is denied on July 10, PE ends July 10.

510.2.6 COMPLETING FULL MEDICAID APPLICATION

It is the responsibility of the hospital that completes the presumptive eligibility determination to complete the full Medicaid application prior to the end of the presumptive eligibility period. The full Medicaid application may be completed by:

- The HBPE authorized hospital employee
- A hospital vendor/contractor
- A hospital based DHHR worker
- The patient/authorized representative through <https://www.wvinroads.org> or by visiting a local DHHR office

510.2 HOSPITAL BASED PRESUMPTIVE ELIGIBILITY (HBPE)

In the event of a transferred patient, the two hospitals involved in the transfer will need to identify which one will complete the full Medicaid application.

If the HBPE authorized hospital employee, a hospital vendor/contractor or the hospital based DHHR worker is completing the full application, he/she will use <https://www.wvinroads.org>. In order for the hospital to receive credit for completing the full application, the Temporary Medicaid ID number assigned to the patient must be used in the appropriate field of the full application.

The full Medicaid application must have the signature of the applicant or the applicant's authorized representative. If completing the application over the phone, the AHE must obtain the signature of the applicant in one of two ways:

- Sending the application to the applicant for signature. The applicant should then return the application to the hospital; OR
- Collecting the signature by telephone by either 1) recording the entire telephone application process with the signature included; or (2) recording only the signature portion of each telephone call.

In either case, the signature must be kept in the hospital file for a period of three (3) years.

HBPE employees or other hospital workers are not required, but may assist patients in completing applications for other DHHR programs such as Supplemental Assistance Nutrition Program (SNAP).

510.2.7 PERFORMANCE MEASURES

In order to continue participation in the hospital based presumptive eligibility program hospitals must meet the following performance standards on a calendar quarterly basis:

- 75% of individuals determined presumptively eligible must submit a regular application before the end of the presumptive eligibility period.
- 50% of individuals who are determined presumptively eligible and have submitted a regular application prior to the end of the presumptive eligibility period must be determined eligible for Medicaid.

Upon receipt of its quarterly performance measures report a hospital may submit documentation to the BMS showing why it was out of compliance with the performance measures. Acceptable reasons for being out of compliance would include, but not be limited to, the patient died prior to a full application being completed, or the patient moved out of state prior to a full application being completed. Unacceptable reasons for being out of compliance would include, but not be limited to, the AHE could not reach the patient by phone, patient would not return phone calls, or patient refused to cooperate.

A hospital may lose its eligibility to participate in the HBPE determination program if it does not meet the performance standards listed above.

510.2 HOSPITAL BASED PRESUMPTIVE ELIGIBILITY (HBPE)

510.2.8 CORRECTIVE ACTION PLAN

Once a hospital is notified that the requisite standards have not been met, the hospital will have one quarter to take corrective action before the BMS could revoke the hospital's permission to participate in the HBPE program. In the event a hospital's permission to participate in this program is revoked, the hospital must wait at least six (6) months before reapplying to participate in the program.

REFERENCES

The West Virginia State Plan governing hospital based presumptive eligibility can be found [here](#).

GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in [Chapter 510, Policy 510.1 Hospital Services Overview](#) also apply to this policy.

CHANGE LOG

REPLACE	TITLE	CHANGE DATE	EFFECTIVE DATE
Entire Chapter			TBD